

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Lewis Community Development Dept**
 ADDRESS **P.O. Box 180**
Centralia, WA 98531
 COUNTY **Lewis County**
 FACILITY **Lewis County Central Transfer Station**
 LOCATION **1411 S Tower Ave**
Centralia, WA 98531

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ST 6139
PERMIT NUMBER

001
DISCHARGE NUMBER

Submit Monthly

**NOTE: Read instructions
before completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		MONTHLY AVERAGE	MAXIMUM DAILY	UNITS	MINIMUM DAILY	MONTHLY AVERAGE	MAXIMUM DAILY	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	975	1275	gpd					0	Monthly	Metered	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	S.U.	0	Monthly	Grab	
BOD ₅	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	50	50	lbs/day					0	Monthly	Grab	
BOD ₅	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	Monthly	Grab	
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	2	2	lbs/day					0	Monthly	Grab	
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	Monthly	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TSS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	50	50	lbs/day				0	Monthly	Grab
TSS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	Monthly
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